

## Instructions for completing the School/Facility Annual Immunization Survey Worksheet\*

Schools should use these instructions as a guide to complete the survey worksheet\* form included in the packet and then return along with the completed survey, and signed credential sheet, to their local health department no later than **December 31, 2013**. Please note there is a different worksheet for each of the three groups/ grades (daycare, head start, or preschool; kindergarten; sixth grade) to be completed and attached to the completed survey. If completing the survey for multiple groups/grade levels, you must fill out the corresponding worksheet with the group/grade level you are assessing.

### **Please read if you plan to use Infinite Campus to complete this survey**

Schools which enter vaccine-specific information into Infinite Campus are not required to complete the survey worksheet. Please print the **Immunization Compliance Summary Report** including the Compliance Totals and Dose Count Totals for all shots for the specific age group. Refer to the Infinite Campus Instructions and Example packet for additional guidelines. Please forward this report, in lieu of the survey worksheet, along with your completed survey and credentialed signature page to your health department no later than **December 31, 2013**.

***\*\*The total number of doses can be found by counting the number of doses listed on the child's Immunization Certificate next to the corresponding vaccine row.\*\****

### **DATES IMMUNIZATIONS WERE ADMINISTERED (Month/Day/Year)**

1 Diphtheria, Tetanus, Pertussis #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_ #4 \_\_\_/\_\_\_/\_\_\_ #5 \_\_\_/\_\_\_/\_\_\_

2 Hib #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_ #4 \_\_\_/\_\_\_/\_\_\_

3 PCV (Pneumococcal) #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_ #4 \_\_\_/\_\_\_/\_\_\_

4 Polio #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_ #4 \_\_\_/\_\_\_/\_\_\_

5 Hepatitis B #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_ or Adult dose: #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_

6 MMR (Measles, Mumps, Rubella) #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_

7 Varicella #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ or child has had chickenpox or zoster disease (X) \_\_\_

8 Tdap #1 \_\_\_/\_\_\_/\_\_\_ or Td #1 \_\_\_/\_\_\_/\_\_\_

9 MCV (Meningococcal #1) \_\_\_/\_\_\_/\_\_\_

These have been problematic in the past. Please use caution when counting and reporting these vaccines.

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Certificate Information		
Item to be filled out on worksheet	Instructions	Notes
<b>Child ID</b>	Enter each child's name or child's designated ID in your facility in this column	You may enter any identifier you assign in order to complete the worksheet. KIP only uses this information to clean the data and make corrections with each institution as necessary.
<b>Child Date of Birth</b>	Enter child's date of birth	Please enter the date of birth in the format <b>MM/DD/YY</b>
<b>Certificate Expiration Date</b>	Enter the date the Immunization Certificate will expire	Please enter the date in the format of <b>MM/DD/YY</b>
<b>Current/Provisional Certificate</b>	Indicate with a checkmark if the child's Certificate is Current/Provisional ✓	Check this box if the child has a current/provisional certificate and has all the immunizations required according to the ACIP schedule.
<b>Expired Certificate</b> <b>**New this year**</b>	Indicate with a checkmark and write Exp. next to the mark in the Current/Provisional column of the worksheet if the child's certificate is Expired ✓ Exp.	Check the current/provisional certificate box and write Exp. next to the checkmark if a child's certificate is Expired. Continue to record all of the vaccine-specific data, including expiration date on the worksheet.
<b>Medical Exemption</b>	Indicate with a checkmark if the child has a medical exemption ✓	Check this box if the child has a medical exemption for some or all recommended immunizations. If a child has a medical exemption, but has had some vaccinations, please mark in the Vaccination-Specific section of the worksheet all of the number of immunizations the child has received to date. If the medical exemption lists specific vaccination(s) the child is exempt from receiving, please highlight the cell(s) in the matching vaccine column(s) in the corresponding row for this child.
<b>Religious Exemption</b>	Indicate with a checkmark if the child has a religious exemption ✓	Check this box if the child has a religious exemption for all immunizations. In some instances, some children with religious exemptions may have received vaccinations as an infant or young child. Please mark in the Vaccination-Specific section of the worksheet all of the number of immunizations the child has received prior to acquiring a religious exemption.
<b>No Certificate on File</b>	Indicate with a checkmark if the child does not have a certificate on file ✓	Only check this box if a child does not have <b>ANY</b> certificate on file.

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Vaccine-Specific Information		
Item to be filled out on worksheet	Instructions	Notes
1 DTaP/DTP/DT	Enter the total number of doses of DTaP/DTP or DT the child has received.	If the child has received 4 or more doses of the DTaP/DTP/DT vaccine, <b>circle it on the worksheet.</b>
2 HIB	Enter the total number of doses of Hib vaccine the child has received.	If the child has received 3 or more doses of the Hib vaccine, <b>circle it on the worksheet.</b>
3 PCV	Enter the total number of doses of PCV vaccine the child has received.	If the child has received 4 or more doses of PCV vaccine, <b>circle it on the worksheet.</b>
4 Polio	Enter the total number of doses of Polio the child has received.	If the child has received 3 or more doses of the Polio vaccine, <b>circle it on the worksheet.</b>
5 Hepatitis B	<b>3 Dose</b> Enter the total number of doses of Hepatitis B vaccine the child has received.	If the child has received 3 or more doses of the Hepatitis B vaccine, <b>circle it on the worksheet.</b>
	<b>Alt. 2 Adult Dose Schedule</b> Enter the total number of doses of alternate 2 dose schedule Hepatitis B vaccine the child or adolescent has received.	If the child has received 2 or more doses of the alternate 2 dose schedule Hepatitis B vaccine, <b>circle it on the worksheet.</b>
6 MMR	Enter the total number of doses of MMR the child has received.	<b>19 Months to 47 Months ONLY</b> If the child has received 1 dose of MMR vaccine, <b>circle it on the worksheet.</b> <b>48 Months or Older</b> If the child has received 2 or more doses of MMR vaccine, <b>circle it on the worksheet.</b>
7 Varicella	Enter the total number of doses of Varicella vaccine the child has received or note if this child has had chickenpox.	<b>19 Months to 47 Months ONLY</b> If the child has received 1 dose of Varicella vaccine, <b>circle it on the worksheet.</b> <b>48 Months or Older</b> If the child has received 2 or more doses of Varicella vaccine, <b>circle it on the worksheet.</b> <b>Chickenpox</b> If the child has had chickenpox, please write CP on the worksheet in the corresponding row. If the child has received 1 dose of Varicella, or 2 doses of Varicella as indicated on the Immunization Certificate <b>and</b> had the chickenpox, please write CP+1, if the child has had chickenpox and one dose of Varicella, or CP+2, if the child has had the chickenpox and two doses of Varicella.

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<div style="border: 1px solid red; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">8</div>	<b>Tdap <u>OR</u> Td Booster</b>	Enter the total number of doses of Tdap <u>OR</u> Td Booster vaccine the child has received.	<b><u>Sixth graders ONLY</u></b> If the child has received 1 or more doses of Tdap vaccine <u>OR</u> 1 or more doses of Td booster vaccine, <b>circle it on the worksheet.</b>
<div style="border: 1px solid red; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">9</div>	<b>MCV</b>	Enter the total number of doses of MCV vaccine the child has received.	<b><u>Sixth graders ONLY</u></b> If the child has received 1 or more doses of MCV vaccine, <b>circle it on the worksheet.</b>

## Zeros versus Unknown Entries

It is very important to distinguish between data which are unknown, missing, and/or a zero. An unknown or missing data entry is something which there is no record and you cannot retrieve it from a given location. In regard to Immunization Data you gather from the Immunization Certificate, if a certificate is not part of a child's file, it is missing or unknown. If you do not have a certificate to provide you with the necessary information to complete the survey, then this information is considered missing and should be noted as such. For the purpose of this survey, we will be using DK (Don't Know) for any entry in the Annual School Survey Worksheets where you do not have a certificate from which to gather any data.

Zeros on the other hand are very important and useful data and paint a very different picture in the data world! They tell us that a child does have a certificate, but for whatever reason does not have the required shots for his or her age group. This could be because of a medical or religious exemption, a new student, or numerous other circumstances where a child has not received the ACIP recommended vaccinations.

It is very important that all fields where entries are required are filled in! Blank data fields cause us to follow up with schools/facilities to determine if the data are missing or zero, or at the very worst causing us to make "best guesses". Please keep this in mind as you fill out the survey this year. If you come across something that doesn't look right or is confusing, please call or email us and we would be happy to assist you with the survey.

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## Check out the **EXAMPLES** at the end of the packet to help you fill out the worksheets

**Day Care, Head Start, or Preschool:** Shows you how to record the MMR and Varicella for the different age groups of 19-47 months and 48+ months. This is a little different this year but should help with completing the survey.

**Kindergarten:** Examples include how to record information for Medical Exemptions, Religious Exemptions, No Certificate on File, and Expired certificates. Remember to fill out all the data fields in the Vaccine Specific Information Section. If a certificate is not in the child's file, record DK (Don't Know) in the data fields.

**Sixth Grade:** Shows you how to record Chickenpox and Varicella and again speaks about the importance between zeros and missing data.

**Infinite Campus Report:** Outlines what fields are required for each age group in the Immunization Compliance Summary Report.